

REFERENCE TITLE: perinatal mood disorders

State of Arizona
House of Representatives
Forty-eighth Legislature
Second Regular Session
2008

HCR 2058

Introduced by

Representatives Lopez, Bradley, Garcia M, Lujan, Pancrazi, Young Wright,
Senator Rios: Representatives Ableser, Alvarez, Burges, Burns J, Cajero
Bedford, Campbell CH, Chabin, DeSimone, Groe, Hershberger, Mason, McGuire,
Miranda B, Prezelski, Rios P, Schapira, Stump, Thrasher, Tom, Ulmer,
Senator Soltero

A CONCURRENT RESOLUTION

**SUPPORTING THE DEVELOPMENT AND USE OF POLICIES AND PROCEDURES REGARDING
PERINATAL MOOD DISORDERS.**

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Whereas, perinatal mood disorders are devastating illnesses that strike
2 many women during and after pregnancy; and

3 Whereas, perinatal mood disorder changes are common and consist of
4 three subgroups: baby blues, which are an extremely common and less severe
5 form of perinatal mood disorders; postpartum mood and anxiety disorders,
6 which are more severe than baby blues and can occur during pregnancy and
7 anytime within the first year of the infant's birth; and postpartum
8 psychosis, which is the most extreme form of perinatal mood disorders and can
9 occur during pregnancy and up to twelve months after delivery and when left
10 untreated can become chronic and progressive; and

11 Whereas, baby blues afflict up to eighty per cent of new mothers,
12 postpartum mood disorders occur in ten to twenty per cent of new mothers, and
13 postpartum psychosis strikes one in one thousand new mothers; and

14 Whereas, perinatal mood disorders may cause a variety of symptoms,
15 including obsessive thoughts, compulsive behaviors, depression and thoughts
16 of harming oneself or others. Symptoms may occur or worsen during pregnancy
17 or for more than a year after giving birth. The causes of perinatal mood
18 disorders are complex and not fully understood at this time. However,
19 perinatal mood disorders are treatable if promptly diagnosed by a trained
20 provider and attended to with a personalized regimen of care that includes
21 social support, therapy, medication and, when necessary, hospitalization; and

22 Whereas, all too often perinatal mood disorders go undiagnosed or
23 untreated or are inadequately treated due to the social stigma surrounding
24 depression and mental illness and the absence of routine screening and
25 identification and referral. Left untreated, perinatal mood disorders can
26 lead to further depression, substance abuse, loss of employment, divorce and
27 further social alienation, self-destructive behavior, suicide, infanticide or
28 homicide of the infant or other children; and

29 Whereas, left untreated, perinatal mood disorders impact society
30 through their effect on infants' physical, psychological and cognitive
31 development, child abuse and neglect, death of the infant or other siblings
32 and disruption of the family. Perinatal mood disorders destroy families and
33 communities.

34 Therefore

35 Be it resolved by the House of Representatives of the State of Arizona, the
36 Senate concurring:

37 1. That the Members of the Legislature encourage the development and
38 use of policies and procedures to ensure that education concerning perinatal
39 mood disorders is provided to physicians, certified nurse midwives, certified
40 midwives, nurses and other licensed health care and mental health
41 professionals in the State of Arizona who provide prenatal and postnatal care
42 to women.

43 2. That the Secretary of State of the State of Arizona transmit copies
44 of this Resolution to the Director of the Department of Health Services and
45 health care coalitions and organizations throughout Arizona.